CTICKER AT TOP OF ENVELOPE TO THE RIGHT	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X Agent Addressee B. Received by (Printed Name) C. Date of Delivery
	address different from item 1? Yes
Influtional Illing Andread Allen Commissioner 301 South Ripley Street Montgomery, AL 36104	ser delivery address below: No No No
	Registered Receipt for Merchandise Insured Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7006 2760 0002	8193 1316
PS Form 3811, February 2004	102595-02-M-1540